
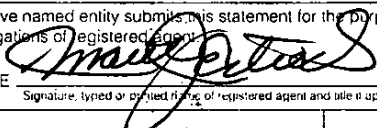
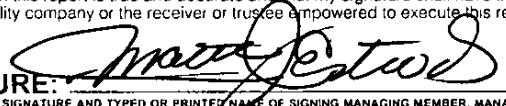


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90295 007 ****50.00

| | | | | | |
|--|--------------------------|--|---|--|--|
| DOCUMENT # L04000072577 | | | |  | |
| 1. Entity Name WE ARE ELECTRONICS, LLC | | | | | |
| Principal Place of Business 13104 NW 13ST PEMBROKE PINES, FL 33028 US | | | Mailing Address 13104 NW 13ST PEMBROKE PINES, FL 33028 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03072006 Chg-LLC CR2E083 (11/05) | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1715173 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ESTRADA, MARTA 13104 NW 13 ST PEMBROKE PINES, FL 33028 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | | | Date <u>3-7-06</u> | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | | Date | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESTRADA, MARTA | | NAME | | |
| STREET ADDRESS | 13104 NW 13 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | TITLE | MGR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ASTAIZA, ALBA | | NAME | JUAN PABLO PARRA | |
| STREET ADDRESS | 13104 NW 13 ST | | STREET ADDRESS | 13104 NW 13 Street | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 | | CITY-ST-ZIP | PEMBROKE PINES, FL 33028 | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANCHEZ, LUIS | | NAME | | |
| STREET ADDRESS | 13104 NW 13 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | | Date <u>3-7-06</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date | |